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ABSTRACT

Many individuals may be limited in their ability to retrieve clear memories of positive, recurring, childhood experiences. In order to ascertain the generability of this phenomenon, researchers asked college students (n=340) whether they could recall ever having sat on a parent's lap when they were under five years of age. As predicted, only a minority (12 per cent) of the students sampled reported the ability to remember being held by a parent. These findings are consistent with cognitive research which suggests that memory operates in selective ways. There is an evolutionary advantage to such selectivity, as a complete memory record of each and every life event would be too wasteful: individuals only need to remember elements they must learn from and the lessons acquired. Consequently, many individuals' recollections may have a negative bias because traumatic or novel experiences are disproportionately encoded. Clinical conclusions based on such inaccurate information could often themselves be misleading and potentially untherapeutic. Upon hearing disproportionately about the painful and negative experiences in a client's past, the clinician may be swayed to think of the client as unusually deprived. If such portrayals are communicated to clients, they may adulterate the clients' own reconstructions of their pasts, and foster inaccurate beliefs of having been disadvantaged or victimized. (Contains six references.) (TS)

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Less Is Sometimes More in Therapy: Avoiding the False Memory Syndrome

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ABSTRACT

In order to assess the generality of negative bias in memories of childhood, which could distort therapeutic approaches premised on the reliability of such historical accounts, retrospective data from a sample of 340 male and female college students enrolled in introductory psychology classes was collected and analyzed. The majority reported no clear memory of having sat on a parent's lap when they were under five years of age. These results suggest that many individuals' ability to retrieve clear memories of positive, recurring, experiences in childhood may be limited. The participants' self-reported beliefs, the experimenter's intuition, and the parents' self-report all suggest that the large majority of the students sampled had in fact repeatedly sat on their parents' laps during their first five years of life. However, only a small minority of the students could retrieve clear memories of this commonplace, ordinary childhood experience. This is consistent with the idea that memory operates in selective ways guided by functional criteria, which can produce a negative bias.

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Psychology is not always benign. Recent examination of cases of false memory syndrome illustrates the scope of damage that can result from poorly conducted therapy. In these instances, suggestible clients were wrongly encouraged to focus their attention on the possibility of childhood sexual abuse with a therapist who prematurely assumed such abuse to have occurred. These clients unwittingly created "memories" of events that had never transpired, and took them as evidence of an abusive history. Their therapists also interpreted the "recollections" as confirmatory, and thereafter helped their clients fashion a new self-understanding centered around the fact of their psychologically debilitating, destructive, corrosive, crippling, paralyzing, and victimizing youth. The outcome has often been major familial disruption, precipitated by the clients' public accusations of the supposed culprit, generally a parent. Trust evaporates as parent and child confront a stalemate: they can't reconcile their disparate pictures of the past. Parental apologies aren't possible, because they would affirm what the parent sees as a lie. This further outrages the client, because the parent's refusal to acknowledge the client's view is experienced as further abandonment, which make the child's underlying suspicions that their parent never loved them seem all the more plausible. The family fractures, and all suffer.

Protecting against countertherapeutic effects associated with historical psychotherapy approaches is extremely important. Avoiding the false memory syndrome is increasingly a priority among clinicians, because of concerns about both the client's welfare and litigation risks. An improved understanding of how memory functions and how it is subject to distortion can

facilitate a counselor's more appropriate use of childhood data their client's provide in therapy.

Recent cognitive research has convincingly challenged the videotape model of memory. Convergent findings from a variety of studies (Dennett, 1991; Kotre, 1995; Loftus, 1995) convincingly demonstrate that individuals do not have a reliable comprehensive life transcript hidden within their brains, that is available for access if conditions are ever just right. This probably shouldn't surprise us, because a memory system that worked in this manner would be inefficient in many ways. Maintaining a complete record of each and every life event would be too wasteful, and evolution selects for efficiency. Individuals don't need to remember all that really happened, just the elements they needed to learn from and the lessons acquired.

Perhaps this is why many individuals' recollections have a negative bias; the painful, the anxiety provoking, and the novel are disproportionately encoded. If this distorting bias operates generally, the childhood recollections of clients should provide a highly unrepresentative portrayal of their actual experiences as children. Clients' modal memories should paint a more negative picture of their past that reality would justify.

Clinical conclusions based on such inaccurate information could often themselves be misleading and potentially untherapeutic. If routine positive experiences in childhood are harder to recall vividly, and therefore tend to be underreported when clinicians obtain the history that forms the basis for their characterization of a client's past, clinicians may unwittingly form overly negative pictures of their clients' childhoods. Upon hearing disproportionately about the painful and negative

experiences in a client's past, the clinician may be swayed to think of the client as unusually deprived. If such portrayals are communicated to clients, they may adulterate the clients' own reconstruction of their past, and foster inaccurate beliefs of having been disadvantaged or victimized.

For this reason, it is important to ascertain the extent to which such a negative bias operates in the general population. If memory for routine positive childhood experiences is commonly compromised by selectivity, attempts to correct for this bias in using clients' recollections would seem to be warranted. While some researchers have addressed the problem of children's memory omissions when the context has been negative (e.g., incomplete reporting of abuse, see Ceci, 1991), little work has been done examining failure to report memories associated with positive contexts. Other research has supported the notion that memory for common events is often poor (Nickerson & Adams, 1979), but to date the potential clinical implications of this have not been explored thoroughly. The present study investigated the prevalence of adults' failure to remember high base rate positive experiences with parents, here operationalized in terms of memories of sitting in a parent's lap, as an initial step in exploring the clinical consequences of selective childhood memory.

Method

In order to assess the generality of this phenomenon, retrospective data from a sample of 340 male and female college students enrolled in introductory psychology classes was collected and analyzed. All participation was voluntary. Embedded within a brief survey addressing a variety of childhood

experiences, respondents were asked whether they could recall ever having sat on a parent's lap when they were under five years of age. This item was selected because of the presumed universality of such childhood experience, and empirical corroboration of this presumption obtained by interviewing a sample of 40 parents of similar college students. All of the parents interviewed reported that they had held their child repeatedly in their lap during their child's early years. Respondents were also asked whether they could remember sitting in a nonparent's lap before the age of five. The order in which these questions were posed was counterbalanced, in order to avoid sequence effects.

Results

As predicted, only a minority (12%) of the students sampled reported the ability to remember being held by a parent. A slightly large percentage (19%) recalled being held in a nonparent's lap. No significant sex or age group differences were found. During informal post-experimental interviewing of most of the participants (292 of the original 340 agreed to participate in the post-experimental interviewing; others left because of conflicting time commitments), the majority of the respondents (90%) said they believed they had been held in their parents' laps during their early years; most said they believed this had happened often. Among those who reported no such belief, roughly half attributed their doubt to the fact that they could not remember such events clearly, and said since they lacked a clear set of memories, they were reluctant to express a firm belief. The remaining five percent of the post-experimental sample reported family variations that left them questioning whether or

not they had been held in a parent's lap (e.g., being raised by a grandparent, parental divorce having curtailed early contact with a parent). The majority (62%) of students questioned said they believed they had been held in a nonparent's lap at some point; the remainder said they could not be sure about whether or not they had been held.

Discussion

These results suggest that many individuals' ability to retrieve clear memories of this particular positive, quite possibly common and recurring, experience in childhood may be limited. The participants' self-reported beliefs, the experimenter's intuition, and the parents' self-report all suggest that the large majority of the students sampled had sat on their parents' laps repeatedly during their first five years of life. However, only a small minority of the students could retrieve clear memories of this commonplace, ordinary childhood experience.

This is consistent with the idea that memory operates in selective ways guided by functional criteria. Perhaps ordinary, positive, nurturing childhood experiences are less likely to be stored for convenient retrieval, because there is less adaptive necessity for such memories. The fact that recollection of nonparents' laps slightly exceeded that of parents could be due to the greater novelty of these experiences. Less routine childhood experiences often seem to be encoded with a special salience.

As a result, the bias of memory may work systematically to the disadvantage of appropriately nurturing parents. The "comfortable" may not be worth recalling vividly. Routine

nurturance may get neglected by memory; unremarkable familiar support figures may go relatively unnoticed. As children, we frequently don't "see" those we most love, if we are sure we can count on their regular presence. The consistent sources of care and support may become largely invisible as they fade into the reliable background we can afford to ignore much of the time. Our memories of those who have been best to us are often a blur if they've been boringly there whenever they were needed!

Future examination of this phenomenon might include use of a short-term longitudinal design, in order to permit verification of the target memory. An extension of this study could also explore the association between recollection of lap-sitting and perceived quality of parent-child relationship. The logic of the preceding analysis suggests the somewhat counterintuitive prediction that students reporting higher quality relationships with their parents (presumably due to higher level of nurturance, including lap-sitting) might recall lap-sitting less, because for them it was extremely commonplace and unexceptional, and therefore less memorable. Additional research should also explore the assumption that clients' failure to recall modal positive experiences adversely influences clinicians' judgements.

Counseling Issues Related to the New Models of Memory

Memory is no videotape. The assumption of many historical approaches to psychotherapy is that memory is something akin to a lifetime transcript that can be accessed if resistance is properly reduced. It is presumed that events give rise to single, accurate memories, that can be retrieved for reassessment

later on if conditions are just right. But in reality, memory for life events isn't complete or stable. Memory capacity evolved in order to facilitate survival, and it wouldn't be efficient or adaptive to keep a complete, unedited running record of all we experience. Instead, memory is selective and often very distorted. It can not provide us with an accurately representative picture of our pasts. For one, we don't encode most ordinary, unchallenging experiences. If a situation is comfortable, common, and demands no new response from us, it's likely to be forgotten. This is why it is so difficult to recall the mundane, even after thousands of repetitions. Patients have little memory of the countless times they were fed on time and put to bed. This doesn't mean they were neglected; there was just no reason for their brains to make a record of these predictable, reliable nurturant episodes. If you ask a large audience, "how many of you can vividly remember sitting in a parent's lap?", few raise their hands. You could cruelly suggest they probably hadn't received the love they needed (as some misguided, manipulative therapists seem to) or you could point out that their lack of recollection probably suggests that this was such a regular part of their childhood routine that their brains found it utterly unremarkable.

This space-saving feature of memory creates a negative bias in our recollections. We are more likely to remember the distressing and the disturbing than the routinely peaceful moments of our lives. We're also likely to edit or misencode the extraordinarily painful experiences of our lives (e.g., memories of the pain associated with childbirth are near-universally modified; the evolutionary advantages seem fairly obvious). So

memory, this reliable and valid source of information about our past, is neither.

Psychological research on memory tells us that when we retrieve memories about past events in our lives, we are not playing a "mental videotape" that provides an exact replay of the past. Rather, we are reconstructing memories that are often based on sketchy information that is elaborated upon and distorted. What we recall is influenced by how we chain or organize memories. Our self-concept provides a framework for this organization of memories. For example, if we have a negative self-view, we will tend to recall more negative events in our lives. If we recall positive ones, we will reinterpret them in negative ways or downplay their significance. An interesting psychological experiment illustrates the subjective and selective nature of our memories. Subjects were give descriptions of a woman that included both introverted and extraverted personality characteristics. Later, one group of these subjects were told the woman was a librarian, and another group was told she was a real estate agent. When asked to recall what they remember about the woman, the first group recalled more introverted characteristics, while the second group recalled more extraverted characteristics, consistent with their stereotypes of people in the respective occupations.

There is an interplay among what is happening to us now, what we feel about ourselves, and what we recall, each influencing the other. New events may change how we feel about ourselves and how we interpret past events. Accessing previously unattended to memories may affect how we view ourselves. Our sense of self is a dynamic and changing process that is shifting

and undergoing changes all the time.

If you were to go into traditional psychoanalysis, you would be asked to free associate and recall earlier memories. The purpose of this would be to become more aware of these memories and how they influenced your live. Further, in this recalling, you would be asked to restructure these memories in terms of the analyst's interpretations of the Oedipal complex. Your attention would be directed toward your infantile wishes and how you dealt with them, and how you continue to do so by transferring these primitive feelings onto others. This would be viewed as uncovering or discovering true hidden aspects of yourself. But is there a process of discovery going on? From what we now know about memory, it may be more accurate to view this process as one of recreation or reconstruction of earlier memories, rather than unearthing a factual picture of the past.

We misperceive our own memory processes. We conceive of our mind as working like a serial computer. This serial computer illusion allows us to believe that we generate a running sequence of single, exclusive views of what is true in our world. Each component is an unrivaled snapshot of what is real for us. As these pictures are run together, they create a more ore less inevitable understanding, based on the particular sequence of stimulus circumstances that have confronted us.

The multiple draft model recently proposed by Dennett (1991) challenges this view. Instead of sequential processing, our brains are seen as generating simultaneous, competing glimpses of our world. Chance and arbitrary choices determine which glimpses we attend to, and which therefore dictate the particular view we entertain as real and true at any particular moment. An

alternative mind set is always possible. Alternative conclusions about what is real can always be reached. The modern clinician's task is to help the client learn how to use their own unique, idiosyncratic brain to best advantage. Teaching how to construct optimal visions of reality (ones that promote healthy responding and an optimistic sense of possibility) is a way we can help clients use their brains better.

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